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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* N/A RAR

\*\* FOREIGN APPLICATIONS \*\*\*\*\* N/A RAR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged

Examiner's Signature: *Rachel B. [Signature]* Initials: *RAR*

ADDRESS

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TITLE

PerioFloss for treatment of periodontitis

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